

COMMONWEALTH OF VIRGINIA
**DECLARATION OF ESTIMATED LICENSE TAX
AND ESTIMATED ASSESSMENT**
FOR
3RD QUARTER, 2008

60

STATE OF DOMICILE

FEIN #

NAIC #

Name of Insurance Company

THIS FORM MUST BE USED FOR THE FILING OF A DECLARATION OF ESTIMATED LICENSE TAX AND ESTIMATED ASSESSMENT REQUIRED BY SECTION 58.1-2520.A. AND SECTION 38.2-407.A., CODE OF VIRGINIA, AS AMENDED, AND PAYMENT OF ESTIMATED LICENSE TAX AND ESTIMATED ASSESSMENT DUE IN ITEM 6. PLEASE MAKE CHECK PAYABLE TO **TREASURER OF VIRGINIA** AND SEND IT, ALONG WITH THIS FORM TO **WACHOVIA BANK/STATE CORPORATION COMMISSION, TAA INSURANCE 2, P. O. BOX 759064, BALTIMORE, MD 21275-9064.**

Form ID: 603081

NAIC #:

Date Due: **SEPTEMBER 15, 2008**

	PREMIUM LICENSE TAX (1)	MAINTENANCE ASSESSMENT (2)
1. License tax and assessment liability paid in prior calendar year (per 2007 tax and assessment reports, as audited).....	\$	\$
2. Estimated tax and assessment payable this year	\$	\$
3. Estimated Payments made this year.....	\$	\$
4. Remaining Unpaid Balance.....	\$	\$
5. Amount due with this declaration.....	\$	\$
6. Total Amount Due (Line 5, Col. 1 + Line 5, Col. 2).....	\$	

TAX CONTACT INFORMATION:

If your tax/assessment address and contact information has changed, you must update the Bureau's records via our website: www.scc.virginia.gov/division/boi/webpages/boiinstaxinsuranceinfo.htm Click on the Tax/Assessment Address and Contact Form link, enter your company's unique Login Code and change the necessary information.

I CERTIFY that this is a true, correct, and complete declaration.

(SIGNATURE OF OFFICER)

(TITLE)

(DATE)

CERTIFIED ARTICLE NUMBER